



## Everything You Need to Know About Treating a Cold (and cough/congestion)

Written by Dr. Hirsch specifically for patients of Hirsch Pediatrics

**Note: These guidelines are only for children who are fully vaccinated with no chronic medical illnesses. Please call Dr. Hirsch or go to the ER if your child is under 2 months old and has a fever (rectal temperature of 100.4 Fahrenheit or 38 Celsius). Also this handout is meant to provide general guidance and should not be used as a substitute for more detailed advice that can be given over the phone or at an appointment. If you have any significant or ongoing concerns, please call the office.**

- **How do I know if my child has a cold, and what exactly is a cold?**
  - A cold, also known as an **upper respiratory infection**, is caused by one of over 200 **viruses** that infect the nose, sinuses, throat, and ears. Typical symptoms of a cold include **cough, congestion, runny nose, sore throat, red and draining eyes, ear pain, swollen lymph nodes, and decreased appetite**. Because of these symptoms, your child (and thus you) can have many **sleepless nights** as well as **mild difficulty breathing**.
- **How long will the cold last?**
  - Most cold symptoms such as runny nose, cough, and congestion can **TYPICALLY LAST UP TO 10-14 DAYS OR LONGER**. Typically the fever will only last 3-5 days.
- **Will my child need antibiotics to treat the cold?**
  - Because the symptoms are due to a virus, **ANTIBIOTICS WILL NOT HELP** your child feel better and thus should be avoided for the vast majority of typical uncomplicated colds. The inappropriate use of antibiotics for a viral illness like a cold can lead to uncomfortable or harmful side effects in your child as well as concerning future antibiotic resistance.
  - One **exception to this rule** is when your child's symptoms are consistent with an **acute bacterial rhinosinusitis (ABR)** which I will often treat with a 10 day course of antibiotics. ABR can be diagnosed when the cold symptoms are **not getting better after 10-14 days** or seem to get **much worse after 5-7 days**. Please note that your child must have an office visit before I will prescribe antibiotics and antibiotics will not be called in by phone unless your child has already been seen during the current illness.
- **Can I give my child cold medications?**
  - Dr. Hirsch **STRONGLY DISCOURAGES** using the vast majority of cold medications for all infants and young children, particularly under age 6. Not only are these medications found in studies to be no better than placebo; they can cause harmful side effects. One exception is the **Vick's Vapor Rub** which can be used in children age 2 and up and has been shown in studies to improve some cold symptoms, particularly at night.
- **Okay, so I understand that my child will not benefit from antibiotics or cold medications, but he is really having a tough time with sleeping and feeding! Is there anything I can do to make him feel better?**
  - **YES!**



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- In addition to the **most effective treatments of TIME AND PATIENCE**, I would recommend treating particular symptoms with the following interventions:
- **Stuffy nose/nasal congestion** – Please use the **Nosefrida suction device with saline drops** as often as needed day and night. To use the Nosefrida on older infants or toddlers, you will often need a helper or a blanket wrap around the torso to hold the child still while you remove the mucous. To use the saline drops, lay your child down on a carpeted surface and tilt his chin up a little. Put 1-2 drops of saline in a nostril and then after a few seconds you can suction the mucous out. Note that you can purchase or make normal saline nosedrops by mixing 1/2 teaspoon of table salt in 8 ounces of water. The salt water can be dripped with an eye dropper or wet cotton ball. Hirsch Pediatrics can also give you several vials of saline at no cost if needed.
- **Cough** – Children over 1 year old can be given 1 teaspoon of **honey** at bedtime and as needed. Also keeping the air in your child’s bedroom moist with a **humidifier** is helpful. For middle of the night coughing fits, you can try bringing your child into a humid room like a bathroom that is steamy from hot water running. It is common for small children to vomit after coughing fits.
- **Fever/fussiness/ear pain/sore throat** – **Children 6 months and older should be given ibuprofen.** Children from 2-5 months can be given **acetaminophen** as needed. Please visit the Hirsch Pediatrics website for a handout on dosage instructions. Using these medications can be particularly helpful at bedtime.
- **Difficulty sleeping** – Fortunately the sleepless nights will improve, though it may take several nights. It is helpful to **sleep on an incline** whether this means holding your infant in your arms for a few nights or using pillows for your toddler.
- **When should I make an appointment to see Dr. Hirsch?**
  - While I am always happy to see you and your child(ren), for most common colds you can safely avoid an office visit. HOWEVER, I always want to see your child for an appointment if he has any **PERSISTENT DIFFICULTY BREATHING** (that is not just due to nasal congestion), has symptoms that are not getting better after 10-14 days, or seems to get much worse after 5-7 days.
  - For **ear pain that is significant and persists** despite using the appropriate dosage of acetaminophen or ibuprofen please schedule an appointment. **Note:** Most ear infections are mild and do not need to be treated with antibiotics as long as the pain is manageable during the day and improves after several days. Thus, I strongly recommend avoiding antibiotics for mild ear infections especially when it is prescribed from an urgent care center.
  - **Sore throats** with cold symptoms like cough and congestion do **not** need an appointment for a strep test because a strep throat infection does not cause



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cold symptoms.

- **If for any reason you are still concerned** and would like an appointment, please do not hesitate to call for an appointment at any time.
  
- **When do I need to really worry and go to the ER immediately?**
  - It is very rare that you would need immediate attention that can not wait until the next morning. However, I would recommend going to the ER if your child is having **persistent and significant difficulty breathing or skin looks blue around the mouth.**
  
  - **Signs of difficulty breathing** can include a respiratory rate of over 60 times per minute, retractions (skin along the rib cage being pulled in with each breath), and abdominal breathing (belly going in and out rapidly with breathing).
  
- **When can my child go back to school or daycare, and when is my child still contagious?**
  - Though the cold symptoms may linger for a week or two, most children are able to return to school or daycare when **they have been fever free for 24 hours; the daytime cold symptoms are mild; they do not require active management such as steaming, acetaminophen, ibuprofen; and children feel comfortable enough to participate in regular daycare or school activities.**
  
  - The **peak contagiousness** period is immediately before and at the start of the symptoms as well as during the fever. Once your child's symptoms are improving she is much less contagious.
  
- **How can I prevent my child from catching a cold?**
  - Most infections are spread by **transmitting a germ from a contaminated surface to a mucous membrane.** Contaminated surfaces are those surfaces where a living germ has landed or been placed (usually by a contaminated hand), such as doorknobs, toys, and other people's hands. Mucous membranes are parts of your body that can internalize a germ and thus lead to infection. These include your eyes, nose, and mouth. Therefore, the vast majority of infections are transmitted when a child or their caregiver touches a contaminated surface and thereby contaminates their hands, and then touches their (or someone else's) eyes, nose, or mouth.
  
  - Therefore, when you have a **cold in your house**, it is helpful to frequently wash your hands, disinfect surfaces, and limit direct contact with a child's mucous membrane.
  
  - **Limiting exposure** to groups of children in daycare or other public places will decrease transmission of colds. However, since that can be hard to do, regular hand washing and trying to keep hands away from eyes, nose and mouth are the best ways to minimize cold transmission.